Effection	Complete if Known							
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Num		10/585,784			
FEE TRANSMITTAL			1,350,1050011111111111111111111111111111		August 17, 2007			
	First Named Inve	**************************************						
For FY 2009			<b></b>	Examiner Name J. L. GOFF II				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1746					
TOTAL AMOUNT OF PAYMENT (\$) 940.00				)696-0244PU	0244PHS1			
Attorney Docket No. 0696-0								
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 92-2448  Deposit Account Name: Birch, Stewart, Kolasch & Birch, LL								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
8 <sup></sup> 1								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
BASIC FILING, SEARCH, AND EXAMINATION FEES     FILING FEES SEARCH FEES EXAMINATION FE								
	<u>Sm</u>	all Entity	Small Entity	Enni	Small Ent		s Paid (\$)	
	_	Fee (\$) Fee (		Fee (		2.00	3 1 and (2)	
		165 540	270	220				
***		110 100	50	140		***************************************		
		110 330	165	170				
Reissue		165 540	270	650	325			
Provisional	220	110 0	0	0	0			
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)								
Each claim over 20 (inc	hiding Rei	ssues)			52		-	
Each independent claim over 3 (including Reissues)						) 110		
Multiple dependent claims						) 195		
Total Claims Extra Claims Fee (\$) Fee Paid (\$)						Multiple Dependent Claims		
- 20 or HP = HP = HP = HP = Highest number of total cla	ime naid for i	f greater than 20	0.00		Fee	(%) Fee	Paid (\$)	
-	xtra Claims		e Paid (\$)		***************************************			
-3 or HP = 0 x = 0.00								
HP = highest number of independent daims paid for, if greater than 3.  3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = 0 / 50 = 0 (round up to a whole number) K = 0.00								
4. OTHER FEE(S)  Non-English Specification. \$130 fee (no small entity discount)  Fees Paid (\$)								
Other (e.g., late filing surcharge): 1801 RCE Fee; 1251 Extension for response within first month 940.00								
2003MTCD gv / //								
Substitute Registration No. 28977					Tel	Telephone 703-205-8000		
Aumayngent								
Name (Print/Type) Gerald M. Murphy, Jr.  Date August 6, 2011								

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.